

St. Paul Lutheran School

5650 N. Canfield Ave. Chicago, IL 60631

www.stpaulcanfield.org

Phone (708) 867-5044 Fax (708) 867-0083

The mission of St. Paul Lutheran School is to provide excellence in Christian education, equipping young people to impact their world for the Lord Jesus Christ.

APPLICATION FOR ADMISSION

***** PLEASE PRINT *****

GENERAL POLICIES FOR ENROLLMENT

A non-refundable Application Fee of \$50.00 per student must accompany ALL APPLICATIONS for enrollment. Please return the completed application to the school office. Transfer students must present a satisfactory transfer, the most recent report card, an up-to-date immunization/medical record, and the most recent copy of standardized testing results (if applicable) from the last school attended.

CHILD'S NAME MALE/FEMALE ENTERING GRADE

For Pre-Kindergarten 3 and 4: 5 FULL days _____ 5 HALF days _____

ADDRESS HOME PHONE NUMBER CELL PHONE NUMBER

CITY ZIP CODE PARENT E-MAIL ADDRESS

AGE DATE OF BIRTH PLACE OF BIRTH (*Original Birth Certificate required- We will copy + return original to you*)

NAME OF SCHOOL LAST ATTENDED OR NOW ATTENDING ADDRESS

CITY STATE ZIP CODE PHONE

SPECIAL NEEDS/DISABILITIES? (*If yes, please explain briefly.*)

HOME CHURCH ADDRESS CITY/STATE/ZIP CODE

BAPTIZED? DATE CHURCH WHERE BAPTIZED?

Non-Discrimination Policy

St. Paul Lutheran School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.

Please be sure to complete the reverse side of this application.

FATHER'S NAME

FATHER'S OCCUPATION

FATHER'S PLACE OF EMPLOYMENT

FATHER'S WORK PHONE NUMBER

FATHER'S HOME ADDRESS
NUMBER

FATHER'S HOME PHONE NUMBER FATHER'S CELL PHONE

FATHER'S MARITAL STATUS: _____

MARRIED DIVORCED SEPARATED WIDOWED SINGLE

MOTHER'S NAME

MOTHER'S OCCUPATION

MOTHER'S PLACE OF EMPLOYMENT

MOTHER'S WORK PHONE NUMBER

MOTHER'S HOME ADDRESS
NUMBER

MOTHER'S HOME PHONE NUMBER MOTHER'S CELL PHONE

MOTHER'S MARITAL STATUS: _____

MARRIED DIVORCED SEPARATED WIDOWED SINGLE

SIBLINGS - PLEASE LIST NAMES AND AGES OF ALL SIBLINGS (BOTH OLDER AND YOUNGER):

NAME AGE

NAME AGE NAME AGE NAME AGE

LEGAL GUARDIAN (IF OTHER THAN PARENT)

GUARDIAN'S NAME

GUARDIAN'S OCCUPATION

GUARDIAN'S PLACE OF EMPLOYMENT

GUARDIAN'S WORK PHONE NUMBER

GUARDIAN'S HOME ADDRESS

GUARDIAN'S HOME PHONE NUMBER GUARDIAN'S CELL PHONE NUMBER

GUARDIAN'S MARITAL STATUS: _____

MARRIED DIVORCED SEPARATED WIDOWED SINGLE

I wish to have my child enrolled at St. Paul Lutheran School and will support the school's program with prayer, participation, encouragement, and prompt financial payment.

DATE

SIGNATURE OF PARENT/GUARDIAN

***** MAKE CHECKS PAYABLE TO ST. PAUL LUTHERAN SCHOOL *****

(Office use only) Fees paid: _____ Date: _____ Check #: _____ Cash: _____

Birth Certificate _____ Transfer _____ Report Card _____ Immunization/Med. Records _____ Standardized Test Results _____